

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER ON GOOD HANDS AFH LLC/ Turcu Cornel	LICENSE NUMBER 712000
---	---------------------------------

NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

Table of Contents

[About the Home](#)

[Personal Care](#)

[Medication Services](#)

[Skilled Nursing Services and Nursing Delegation](#)

[Specialty Care Designations](#)

[Staffing](#)

[Cultural or Language Access](#)

[Medicaid](#)

[Activities](#)

About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

" On Good Hands AFH LLC" specialized in caring for seniors with physical disabilities or memory impairment. We are licensed by state of WA to provide care for up to 6 individuals, for more than 16 yrs. in WA. We have an experience providing a service care for 21 yrs. Our beautiful home is located close to Crossroads Mall, in Lochmoore area, with a Panoramic View of Sammamish Lake and mountains, where residents can do walking on 900sf deck outside around the home in the very nice neighborhood area

2. INITIAL LICENSING DATE

09/08/2005

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

7813 NE 110th AVE, VANCOUVER, WA 98662

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

ON GOOD HANDS AFH LLC

5. OWNERSHIP

- ☐ Sole proprietor
- ☒ Limited Liability Corporation
- ☐ Co-owned by:
- ☐ Other:

Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

Assistance from cuing and monitoring to total assistance including blending food and G-Tube feeding.

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

Assistance from cuing and monitoring to total assistance, including service for total incontinent, hospice and bed commode services.

3. WALKING

If needed, the home may provide assistance with walking as follows:

Only manual wheelchair inside the house!!! Provide a walking assistance from cuing and monitoring to a one person assist if needed.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

Provide transfer assistance from cuing to one person assist if needed, or hoyer lift transferring per doctor order.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

Provide positioning assistance from cuing to one person assist if needed, or hoyer lift transferring per doctor order.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

Respecting gender dignity, provide assistance with personal hygiene from cuing and set up to total assistance.

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

Respecting residents dignity, we offer them to select their clothing and provide assistance with dressing from cuing and set up to total assistance.

8. BATHING

If needed, the home may provide assistance with bathing as follows:

Respecting residents dignity and privacy in a shower room, provide assistance with bathing from cuing and set up to total assistance. Doctor will do toe nail care services.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We have AC home unit, Generator, private rooms with private baths to provide better service care.

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

We work with Ready Meds Pharmacy to provide the meds for residents per doctor order, assist them, record meds on Meds Log, and inform the doctor for any unusual side effect.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

When residents need a medication to be administered , we provide this service through Nurse Delegation

Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

Contact our RN for a skilled RN services.

The home has the ability to provide the following skilled nursing services by delegation:

Insulin injection if is needed, provide through Nurse Delegation by RN.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Contact Home care Agency to provide wound care services and foot doctor for toe nail care services.

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☐ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

Our home has a trained caregivers CNA, HCA, NAR which had done 12 hrs CE yearly, and also had Dementia and Mental Health certifications.

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☒ The provider lives in the home.
- ☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☐ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☒ Registered nurse, days and times: **On call and as needed for Med. Assessment, ND and meds info & help**
- ☐ Licensed practical nurse, days and times: _____
- ☒ Certified nursing assistant or long term care workers, days and times: **CNA , 7 days/24hrs**
- ☒ Awake staff at night
- ☒ Other: **The provider lives in the home and also has three caregivers, one or two as needed for day shift**

ADDITIONAL COMMENTS REGARDING STAFFING

Every workers had background check, finger prints and TB test to protect all of us as much is possible!

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various

sections)
The home is particularly focused on residents with the following background and/or languages: English is primary speaking, but also Romanian, Russian and Filipino languages.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS We provide a specialized diet (low salt, diabetic) and also celebrate Resident's Birthday and all Christian holidays in our home!
Medicaid
The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522) <input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input type="checkbox"/> The home will accept Medicaid payments under the following conditions: The home is Private pay facility and each resident had a Medicaid Conversion accepted and signed by POA when they moved in our home!
ADDITIONAL COMMENTS REGARDING MEDICAID
Activities
The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530). The home provides the following: Each private room has cable available for resident favorite TV show, sport events, favorite movies..etc. Residents can watch and listen old favorite movie and music, and some of them are going out for lunch with their friends and relatives. Also, we have 900sf deck outside around the home with a Panoramic view to Sammamish Lake and mountains for walking even with pets if they want. Also in summer time , we had cover deck where they can enjoy eating outside, play cards, play Bingo, doing puzzle, coloring books...etc.
ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:
RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA 98504-5600